

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **DAVID TABB**

Name

(2) **737 NE 7 AVE., APT. 6**

Address (number and street)

FT. LAUDERDALE, FL 33304

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

2015 MAR -6 PM 12:00

CITY CLERK

(4) Check appropriate box(es):

☒ Candidate Office Sought: **FORT LAUDERDALE COMMISSION DISTRICT 2**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From **2 / 21 / 2015** To **3 / 5 / 2015** Report Type: **G-3**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ **1175.00** , _____

Total Monetary \$ **1175.00** , _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ **2540.76** , _____

Transfers to Office Account \$ _____

Total Monetary \$ **2540.76** , _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ **8125.00** , _____

(10) TOTAL Monetary Expenditures To Date

\$ **8077.39** , _____

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **DAVID TABB**

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X 

Signature

(Type name) **DAVID TABB**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID TABB

(2) I.D. Number _____

(3) Cover Period 2 / 21 / 2015 through 3 / 5 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2 / 27 / 2015	LCS MAILING SERVICES, INC. 5055 NE 13 AVE. OAKLAND PARK, FL 33334	MAILINGS	MON		\$1497.26
1					
3 / 5 / 2015	LCS MAILING SERVICES, INC. 5055 NE 13 AVE. OAKLAND PARK, FL 33334	MAILINGS	MON		\$1043.50
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID TABB (2) I.D. Number _____

(3) Cover Period 2 / 21 / 2015 through 3 / 5 / 2015 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2 27 2015 / /	DAVID M. TABB 737 NE 7 AVE. FT. LAUDERDALE, FL 33304	S	ENTREPRENEUR	LOA			\$200.00
1							
3 3 2015 / /	DAVID M. TABB 737 NE 7 AVE. FT. LAUDERDALE, FL 33304	S	ENTREPRENEUR	LOA			\$50.00
2							
3 5 2015 / /	DAVID M. TABB 737 NE 7 AVE. FT. LAUDERDALE, FL 33304	S	ENTREPRENEUR	LOA			\$925.00
3							
/ /							
/ /							
/ /							
/ /							